

# Credential Application

Remit to:  
 State of Wisconsin  
 Department of Commerce-Credentialing  
 P.O. Box 78780  
 Milwaukee WI 53293-0780  
 Phone (608) 261-8467  
 TDD #: (608) 264-8777 7:45 a.m. - 4:30 p.m.  
 E-mail: madisoncred@commerce.state.wi.us

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

**THE CREDENTIAL WILL NOT BE PROCESSED UNLESS YOU :**

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

**Instructions:** Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application.** The applicant's social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

<b>Applicant Information</b>	Customer ID
Applicant's Social Security No:	
Applicant's Name (First, Middle and Last):	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	
If Available, Fax No. (include area code):	
If Available, Internet Address:	

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date (mo/day/yr)

**Send application and payment to:** State of Wisconsin, Department of Commerce-Credentialing, P.O. Box 78780, Milwaukee, WI 53293-0780

**Overnight mail delivery and Office location:** Safety & Buildings Div., 201 W. Washington Ave., Madison, WI 53703

**All other correspondence:** Wisconsin Department of Commerce, Safety & Buildings Div., P.O. Box 7082, Madison, WI 53707

## WELD TEST CONDUCTOR-RADIOGRAPHIC CERTIFICATION

**Exam Fee (nonrefundable):** \$20.00      class code 8258

Make checks payable to: Department of Commerce. When the exam is passed, the applicant will be asked to pay a \$80 credential fee. The credential, which will be issued after the exam is passed and the prorated credential fee paid, will be effective for 4 years from the date of issuance. Office location: 201 W. Washington Ave, Madison. Mailing address: PO Box 7082, Madison, WI 53707.

**Reason for Credential:** No person may conduct welding tests for the purpose of qualifying structural welders under s. Comm 5.34 unless the person holds a credential issued by the department as a certified weld test conductor-radiographic.

**Requirements of Credential:** A person who conducts welding tests for qualifying structural welders under s. Comm 5.34 as a certified weld test conductor-radiographic shall:

- I. Ensure that the welding tests, the testing facilities and testing equipment conform with the appropriate standard or standards of:
  - A. American Welding Society D 1.1, section 4, part C.
  - B. American Welding Society D 1.3, section 4, part C.
- II. Provide to each structural welder who passes a qualifying welding test, documentation in a format specified by the department, indicating the welding procedures for which qualified; and
- III. Maintain a record of those individuals who passed a structural welding qualifying test including the procedures for which qualified for at least 4 years after the date of the test and present upon request to the department or its representative such records.

A person who holds the credential shall carry on his or her person the credential issued by the department while performing or conducting the activity or activities permitted under the credential.

Note the documentation in a format specified by the department consists of the following two forms:

- “Evidence of Completion of Structural Steel Welding Tests” - Weld test conductors are responsible for their own supplies of this form. The form may be photocopied by certified weld test conductors. “Evidence of Completion of Structural Steel Welding Tests” must be filled out by the weld test conductor and given to any person who passes the specified structural steel welding tests. This form may only be filled out for structural steel welding tests.
- “Structural Steel Welding” - Weld test conductors are responsible for their own supplies of this form. The form may be photocopied by certified weld test conductors. It is suggested that this form be photocopied or directly printed on to heavy stock paper. “Structural Steel Welding” must be filled out by the weld test conductor. The top portion is to be retained by the weld test conductor and the bottom portion given to any person who passes the specified structural steel welding tests. This form may only be filled out for structural steel welding tests.

**Qualifications for Examination:** In order to obtain the credential the applicant must obtain a score of at least 70% on an examination. The exam will cover information contained in AWS standards D1.1 and D1.3, of the American Welding Society, and welding procedures, procedure qualification, welder qualification, destructive and non-destructive testing, basic metallurgy, welding specification symbols and radiographs process and equipment. You are allowed to bring to the exam site the AWS Standard D1.1, Structural Welding Code – Steel, AWS Standard D.1.3, Structural Welding – Sheet Steel, and Comm 5, Licenses, Certifications and Registrations. Copies of current Wisconsin Administrative Code books may be obtained from Document Sales @ (608) 266-3358 or @ (800) 362-7253. AWS standards may be ordered from the American Welding Society @ (800) 334-9353.

**Scheduling 2008/2009 exams:** S&B offers exams on Saturday once each month in 14 cities and on specific week days in 2 cities. To schedule an exam:

- Choose a city and put a check mark behind the date you would like to take the exam. Record a telephone number where you can be reached during the day in case that exam is filled.
- Submit the **fee and this application to the division at least 30 days in advance of the exam date chosen**. Keep a copy of this application for your records.
- If special accommodations are needed, contact Safety and Buildings, 608-261-8467, prior to submitting your application.
- You will receive a letter from S&B when division staff processes your exam request. You will receive a second confirmation letter about a week before the exam date for those cities and dates that are shown below without a location noted.\*

\* The Department of Commerce, Safety and Buildings Division, is partnering with the state Office of State Employee Relations (OSER) to offer exams on the second Saturday of each month in 14 different cities. Exams follow the same rules as the exams proctored by Safety and Buildings staff. The specific exam location, which changes due to varying numbers of registrants, will be confirmed for attendees in a letter from OSER about one week before the exam. Contact OSER with any questions after receiving the final confirmation letter, by phone, 608-267-1013 or email [wicertexams@wisconsin.gov](mailto:wicertexams@wisconsin.gov).

<b>Exam Name:</b> Weld Test Conductor- Radiographic	This is a 3-hour exam
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Daytime Phone Number:	
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**Weekday Exams**

**Pewaukee** - Waukesha County Technical College, 800 Main St, 262-695-3474

2008- October 22 ☐ November 11 ☐ 2009- January 7 ☐ March 19 ☐ May 20 ☐

**Stevens Point** – Holiday Inn, 1001 Amber Ave, 715-344-0200

2009- February 25 ☐ April 23 ☐ June 24 ☐

### Saturday Exams

**Ashland** - A letter confirming the date, time and specific location will be sent to you.\*

2008- November 8 ☐ December 13 ☐ 2009- January 10 ☐ February 14 ☐ March 9 ☐ April 18 ☐ May 9 ☐

**Eau Claire** - A letter confirming the date, time and specific location will be sent to you.\*

2008- November 8 ☐ December 13 ☐ 2009- January 10 ☐ February 14 ☐ March 9 ☐ April 18 ☐ May 9 ☐

**Fond du Lac** - A letter confirming the date, time and specific location will be sent to you.\*

2008- November 8 ☐ December 13 ☐ 2009- January 10 ☐ February 14 ☐ March 9 ☐ April 18 ☐ May 9 ☐

**Green Bay** - A letter confirming the date, time and specific location will be sent to you.\*

2008- November 8 ☐ December 13 ☐ 2009- January 10 ☐ February 14 ☐ March 9 ☐ April 18 ☐ May 9 ☐

**Kenosha** - A letter confirming the date, time and specific location will be sent to you.\*

2008- November 8 ☐ December 13 ☐ 2009- January 10 ☐ February 14 ☐ March 9 ☐ April 18 ☐ May 9 ☐

**La Crosse** - A letter confirming the date, time and specific location will be sent to you.\*

2008- November 8 ☐ December 13 ☐ 2009- January 10 ☐ February 14 ☐ March 9 ☐ April 18 ☐ May 9 ☐

**Madison** - A letter confirming the date, time and specific location will be sent to you.\*

2008- November 8 ☐ December 13 ☐ 2009- January 10 ☐ February 14 ☐ March 9 ☐ April 18 ☐ May 9 ☐

**Milwaukee** - A letter confirming the date, time and specific location will be sent to you.\*

2008- November 8 ☐ December 13 ☐ 2009- January 10 ☐ February 14 ☐ March 9 ☐ April 18 ☐ May 9 ☐

**Platteville** - A letter confirming the date, time and specific location will be sent to you.\*

2008- November 8 ☐ December 13 ☐ 2009- January 10 ☐ February 14 ☐ March 9 ☐ April 18 ☐ May 9 ☐

**Rhineland** - A letter confirming the date, time and specific location will be sent to you.\*

2008- November 8 ☐ December 13 ☐ 2009- January 10 ☐ February 14 ☐ March 9 ☐ April 18 ☐ May 9 ☐

**Rice Lake** - A letter confirming the date, time and specific location will be sent to you.\*

2008- November 8 ☐ December 13 ☐ 2009- January 10 ☐ February 14 ☐ March 9 ☐ April 18 ☐ May 9 ☐

**Superior** - A letter confirming the date, time and specific location will be sent to you.\*

2008- November 8 ☐ December 13 ☐ 2009- January 10 ☐ February 14 ☐ March 9 ☐ April 18 ☐ May 9 ☐

**Wausau** - A letter confirming the date, time and specific location will be sent to you.\*

2008- November 8 ☐ December 13 ☐ 2009- January 10 ☐ February 14 ☐ March 9 ☐ April 18 ☐ May 9 ☐

**Wisconsin Rapids** - A letter confirming the date, time and specific location will be sent to you.\*

2008- November 8 ☐ December 13 ☐ 2009- January 10 ☐ February 14 ☐ March 9 ☐ April 18 ☐ May 9 ☐

# EVIDENCE OF COMPLETION OF STRUCTURAL STEEL WELDING TESTS

ATTACH THIS DOCUMENT TO ONE OF THE FOLLOWING:

1. Application for Welder Registration; or
2. Renewal application for Welder Registration

If this document is sent to the department, but is not attached to the application for welder registration or a renewal application for welder registration the department will not process the application. This document will not be returned to the applicant. It is suggested the applicant make a photocopy of this document.

Welder Registrations are only required by the Division of Safety and Buildings for Structural Steel Welding done under ss. Comm 61 to 65. Initial applications for Welder Registration may be obtained by calling the Customer Service Center @ (608) 261-8467. Renewal applications for Welder Registration are sent out approximately 30 days prior to the expiration date of the existing credential. In order to qualify for the welder registration credential the department must received the application or renewal application within one year of passing the test.

The rest of this document is to be filled out by the Certified Weld Test Conductor-Physical or Certified Weld Test Conductor-Radiographic.

## Weld Test Conductor Information

Weld Test Conductor's Signature	Credential Type	Customer Id # of Conductor	Expiration Date
	Weld Test Conductor-Physical		
	Weld Test Conductor-Radiographic		

## Information on Person Taking the Test (please print or type):

Name of Person Taking the Test [First, Middle, Last]	Birth Date:
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Test	Date Test Passed
AWS D 1.1, section 4, part C Structural Steel Welding	
AWS D 1.3, section 4, part C Structural Steel Welding	

# STRUCTURAL STEEL WELDING

Weld Test Conductor (WTC) Name:				Weld Test Conductor (WTC) Address:			
<b>Personal Information</b>							
Welder's Name (First, Middle, and Last):				Birth Date:		Welder Symbol:	
Address (Street or P.O. Box):			City:		State:	Zip + 4 Code:	
<b>Test Information</b>							
Performance Qualification: <input type="checkbox"/> Yes <input type="checkbox"/> No				Procedure Qualification: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Name		Address		City		State	Zip + 4 Code:
Weld Procedure Specification Number:		Code Standard and Year Edition:		Welding Process:		Base Material Specification:	
Electrode Specification SFA Number:		AWS Classification:		AWS Group Number:		Current Type and Polarity:	
Thickness of Test Piece:		Tensile Strength:		Is Backing Strip Used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amperage:	
Voltage:		Flux:		Weld Progression: <input type="checkbox"/> Up <input type="checkbox"/> Down		Qualification by Radiograph? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fillet Weld Number of Passes:		Groove Weld Number of Passes:		Interpass Temperature:		Flow rate:	
Shielding Gas Mixture:		Flow rate:		Interpass Temperature:		Qualification by Radiograph? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate Joint Position and Type	Indicate Specimen Identification	In the blanks, briefly describe any defects revealed					Pass or Fail
Tensile Specimen	Width (in.)	Thickness (in.)	Area (in.)	Ultimate Total Load (lbs)	Ultimate Unit Stress (PSI)	Character & Location of Failure	
Sample 1							
Sample 2							
Code Standard and Year		Section		Part		Paragraph Number	
Option		Test Conducted and Evaluated By (Signature of WTC)		Test Date			Expiration Date

This certifies that: (Welder's Name)				Specification No.:		Process:		Base Material Group:	
Birth Date:			Welder Symbol		Employer			Address, City, Zip	
Welder's Signature									
Has passed the required welder qualification test. Extent of limitations listed below and at right.				Filler Material:		SFA		Group	
Thickness Range				Weld Position Qualified:		Groove Limited:		<input type="checkbox"/> 1-G <input type="checkbox"/> 2-G <input type="checkbox"/> 3-G <input type="checkbox"/> 4-G	
<input type="checkbox"/> 1-G <input type="checkbox"/> 2-G <input type="checkbox"/> 3-G <input type="checkbox"/> 4-G				Fillet Limited:		<input type="checkbox"/> 1-F <input type="checkbox"/> 2-F <input type="checkbox"/> 3-F <input type="checkbox"/> 4-F			
Expiration Date				Pipe tubing:		<input type="checkbox"/> Thru 4" <input type="checkbox"/> Over 4"			
Test Conducted By: (WTC Name)				WTC Credential No.		Positions Qualified:		<input type="checkbox"/> All <input type="checkbox"/> Backing <input type="checkbox"/> Yes <input type="checkbox"/> No	

Above is the Certificate of Competency Structural Steel Welding card. Complete, cut out, and present the card to the person who passed the weld test proof of competency.